

In the United States District Court for the  
Southern District of Illinois

Aaron Fillmore,  
Plaintiff,

v.

Rob Jeffreys, Director of  
the Illinois Department of  
Corrections; M. Wise;  
L. Cunningham and Dr. Percy  
Myers, sued in either  
their official and individual  
capacities,  
Defendants.

22-2705-DWD

No. \_\_\_\_\_

JURY TRIAL DEMANDED

PLAINTIFF'S VERIFIED COMPLAINT FOR DAMAGES  
AND INJUNCTIVE RELIEF

Now comes plaintiff, Aaron Fillmore, pro se, pursuant to  
Title 42 U.S.C. § 1983; 42 U.S.C. § 12101 et seq. and Title  
29 U.S.C. § 794 with his complaint and cause of action  
against defendants. In support thereof states:

NATURE OF CLAIM

- 1.) Plaintiff, Aaron Fillmore, pro se, a state prisoner brings  
this action against defendants for their egregious,  
arbitrary, retaliatory and deliberate indifference in  
violating his constitutional rights under the First, Eighth,  
Fourteenth Amendments to the U.S. Constitution, Americans  
with Disabilities Act (ADA) and Rehabilitation Act (RA)  
for intentionally denying essential medical care for his  
serious medical needs and failing to accommodate his  
physical disability causing unnecessary wanton infliction  
of pain and denial of programs, activities and services.

## PARTIES

- 2.) Plaintiff, Aaron Fillmore, is a state prisoner being held at Lawrence Corr. Ctr. (L.C.C.) in non-disciplinary Administrative Detention (A.D.) status in Sumner, Illinois. He is in the custody, care and control of defendants.
  
- 3.) Defendant, Rob Jeffreys, is the Director of the Illinois Department of Corrections (IDOC), a public entity. As Director, he is responsible for the health of plaintiff under the ADA and RA, and accommodations under such. IDOC accepts federal funds. He is sued in his official capacity. Defendant's address: 1301 Concordia Ct., Springfield, IL 62794
- 4.) Defendant, M. Wise, is a Nurse Practitioner (NP) at L.C.C. She is responsible for the overall health and wellbeing of plaintiff under constitutional mandates. She is sued in her individual capacity for damages and official capacity for injunction relief. Defendant's address: 10940 Lawrence Rd., Sumner, IL 62466
- 5.) Defendant, Lori Cunningham, is the Health Care Administrator at L.C.C. She is responsible for the overall health and wellbeing of plaintiff under constitutional mandates. She is sued in her individual capacity for damages and official capacity for injunction relief. Defendant's address: 10940 Lawrence Rd., Sumner, IL 62466
- 6.) Defendant, Dr. P. Myers is a medical doctor at L.C.C. He is responsible for the overall care and medical treatment of plaintiff under constitutional mandates. He is sued in his individual capacity for damages and official capacity for injunction relief. Defendant's address is: 10940 Lawrence Rd., Sumner, IL 62466

- 7.) At all times relevant herein defendants acted and continue to act under color of state law.

### JURISDICTION AND VENUE

- 8.) Jurisdiction and venue is conferred upon this court pursuant to 28 U.S.C. 93(c) as all alleged acts were committed in Lawrence County, Illinois and 28 U.S.C. §§ 1331, 1343 and U.S. Const. Art. 3 § 2 as plaintiff claims federal constitutional rights violations.

### FACTUAL ALLEGATIONS

- 9.) Plaintiff suffered a serious physical injury and compound fracture to his left wrist and arm in 1982 at the age of seven (7) years old.
- 10.) Plaintiff's growth plate in his left wrist/arm was removed causing permanent loss of growth and disfigurement to said wrist and arm.
- 11.) Plaintiff has had multiple surgeries to his left wrist, radius and ulna bones.
- 12.) Plaintiff suffers loss of motion, rotation, function and degenerative narrowing of his left radial carpal joint.
- 13.) Plaintiff suffers ossific density near his left ulnar styloid.
- 14.) Plaintiff suffers serious acute pain in his left wrist, hand and arm.

- 15.) Plaintiff's left arm, radius and ulna bones are three (3) inches shorter than his right arm.
- 16.) Plaintiff's permanent left arm/wrist physical injury and disability is clear and obvious to any lay person. Plaintiff has been incarcerated since 1994.
- 17.) Due to said physical injury and disability plaintiff suffers unnecessary and wanton infliction of pain, painful numbing in wrist, hand and fingers when cuffed behind his back that does not serve any penological purpose.
- 18.) Plaintiff's left wrist/arm physical injury and disability is known to each defendant herein.
- 19.) In June of 2009 plaintiff was diagnosed with arthritis in his right shoulder.
- 20.) Since the year 2009 plaintiff has suffered loss of motion, function, rotation and acute pain in his right shoulder.
- 21.) Due to said shoulder injury and arthritis plaintiff suffers unnecessary and wanton infliction of pain when handcuffed behind his back that does not serve any penological purpose.
- 22.) Since at least the year 2003 plaintiff has been held in non-disciplinary A.D. status, requiring the use of handcuffs, chains and leg shackles everytime he leaves his cell.



- 23.) Prior to the year 2018 IDOC officials had a custom and practice of either front cuffing or waist chaining plaintiff without any type of medical permit because his wrist/arm injury was clear and obvious, thus, he was not cuffed behind the back with a single pair of handcuffs.
- 24.) It is impossible to cuff plaintiff behind his back without using excessive force and causing unnecessary and wanton infliction of pain and injury.
- 25.) Sometime in the year 2018 IDOC officials now required a medical permit for "alternative cuffing".
- 26.) On January 22, 2018 the L.C.C. M.D. ordered a "Front Cuff" medical permit for plaintiff for his known, clear and obvious injury and disability. See: EXHIBIT A.
- 27.) On December 20, 2018 plaintiff received a renewal of his medical permit "No cuff behind back". See: EXHIBIT B.
- 28.) In January 2020 plaintiff was transferred to Pontiac CC. in A.D. status where he was issued medical permits for waist chain from year 2020 through 2022 due to his known disability. See: EXHIBITS C & D & E. (COMP. 989-15)

- 29.) In March of 2022 plaintiff was transferred back to L.C.C. in A.D. Status and his medical permit was continued and ordered by defendant Myeris, expiring August 15, 2022. See: EXHIBIT F
- 30.) On March 25, 2022 a L.C.C. NP ordered x-rays of plaintiff's left wrist due to pain and numbing.
- 31.) On April 3, 2022 plaintiff requested medical treatment via sick call slip to Health Care for his left wrist, pain and numbing.
- 32.) On April 11, 2022 plaintiff was examined by a Nurse and prescribed Ibuprofen 200mg.
- 33.) On April 28, 2022 plaintiff received a x-ray of his left wrist and the Radiology Report clearly shows that his left ulna bone is displaced superior and dorsally, old ulnar styloid fracture, with moderate, chronic and degenerative changes present. See: EXHIBIT G.
- 34.) On May 4, 2022 plaintiff requested medical treatment for his wrist injury and pain because the Ibuprofen (prescribed 4-11-22) was totally ineffective.
- 35.) On May 20, 2022 plaintiff was housed in 8 House A.D. Unit and while being examined by defendant Wise, a "Code 3" was called (Medical Emergency) in 5 House and Wise ran out of the room, not providing any medical treatment to plaintiff.

- 36.) After not receiving any medical treatment for weeks plaintiff wrote defendant Wise on June 1, 2022 requesting medical treatment.
- 37.) On June 6, 2022 plaintiff complained to the A.D. Unit Sgt. about serious pain and numbing to left wrist and arm. The A.D. Sgt. called defendant Wise on behalf of plaintiff.
- 38.) On June 11, 2022 plaintiff received pain medication "Meloxicam" 7.5mg to take two (2) pills per day.
- 39.) On June 30, 2022 plaintiff informed defendant Wise that said "Meloxicam" was totally ineffective and plaintiff was suffering serious tormenting pain.
- 40.) On July 10, 2022 plaintiff informed Wise that he was out of pain medication and requested a medical permit renewal.
- 41.) On July 13, 2022 plaintiff again informed defendant Wise that he was not being provided any medical treatment or pain medication.
- 42.) On July 18, 2022 plaintiff filed an emergency grievance (grievance # 07-22-178) (granted and expedited an emergency by L.C.C. Warden) against defendants herein because plaintiff was not being provided any medical treatment and suffering serious and tormenting pain, out of pain medication for his known wrist injury and disability and denied medical permit.

- 43.) On July 22, 2022 plaintiff complained to Lt. Piper, the A.D. Unit Lt, that he was not being provided medical treatment and in serious tormenting pain regarding his wrist injury / disability.
- 44.) Lt. Piper called defendant Wise on plaintiff's behalf about being denied / not receiving medical treatment.
- 45.) Shortly thereafter on July 22, 2022 plaintiff saw defendant Wise as she was walking into the A.D. Unit (plaintiff was in the A.D. yard cage) and he respectfully informed and complained to her about not receiving essential medical treatment and out of pain medication for his known wrist / arm injury and disability.
- 46.) Defendant Wise looked at plaintiff, smiled and laughed, and walked away treating plaintiff as a nuisance.
- 47.) Defendant Wise deliberately failed to take any corrective action and was intentionally and deliberately indifferent to plaintiff's serious medical needs and disability causing further unnecessary and wanton infliction of pain.
- 48.) Plaintiff's verbal and written complaints to and against defendant Wise on June 6, 2022, June 30, 2022, July 12, 2022, July 13, 2022, July 18, 2022 grievance, and July 22, 2022 caused her to retaliate against plaintiff by denying him essential medical treatment for his known serious medical needs and disability causing him to suffer further unnecessary and wanton infliction of serious pain.
- 49.) Plaintiff's complaints motivated defendant Wise to take retaliatory action against plaintiff.



- 50.) On July 25, 2022 in an act of further retaliation and deliberate indifference to plaintiff's serious medical needs for prior verbal, written and grievance (Comp. # 48) defendant Wise refused to renew plaintiff's needed and required medical permit for a waist chain. See: EXHIBIT H
- 51.) Defendant Wise's retaliatory acts would chill and deter first amendment protected activity from an ordinary prisoner.
- 52.) On July 26, 2022 plaintiff requested ADA accommodation from defendant Cunningham for his known disability. See: EXHIBIT I.
- 53.) Plaintiff was denied ADA accommodation by defendant Cunningham with deliberate indifference to his known clear and obvious disability.
- 54.) Under the ADA, 42 U.S.C. § 12101 et seq. and RA 29 U.S.C. § 794 et seq. plaintiff's disability qualifies him to receive a medical permit for front cutting or waist chain to attend programs, activities and services (i.e. shower, yard, porter job, law library kiosk, etc.).
- 55.) As of August 15, 2022 plaintiff is and will be forever denied daily programs, activities and services (i.e. shower, yard, porter job, law library kiosk, etc.) due to his known disability because he cannot be handcuffed behind his back to attend such programs, activities and services. Non-disability inmates are able to attend all programs, activities and services being denied to plaintiff.

- 56.) On July 31, 2022 plaintiff wrote defendant Jeffreys and IDOC ADA Coordinator about being denied programs under the ADA and RA because of his disability and loss of medical permit.  
See: EXHIBIT J.
- 57.) As of the date of filing this instant complaint defendant Jeffreys, the Director for IDOC entity, intentionally and deliberately has failed to take any corrective action to accommodate plaintiff for his known disability under both the ADA and RA.
- 58.) IDOC Directive NO. 05.12.101 relating to plaintiff's A.D. status authorizes front cuffing or waist chain for plaintiff if medically required or otherwise needed. See: EXHIBIT K.
- 59.) On July 25, 2022 and July 31, 2022 plaintiff wrote grievances against defendants for being denied medical treatment, permit and acts of retaliation.
- 60.) On August 2, 2022 plaintiff again was issued the known totally ineffective "Meloxicam" by defendant Wise.
- 61.) On August 4, 2022 plaintiff again complained to defendant Wise about the totally ineffective "Meloxicam" she prescribes.
- 62.) On August 5, 2022 plaintiff again was issued the known and totally ineffective medication of "Meloxicam" by defendant Wise in an act of deliberate indifference and retaliation to plaintiff's serious medical needs.

- 63.) On August 8, 2022 plaintiff again wrote a grievance against defendants for the ineffective medication and denial of medical care.
- 64.) On August 20, 2022 plaintiff was seen by defendant Myers, where plaintiff again requested a change of medication and renewal of medical permit for his known disability and serious medical need. (COMP. ¶ 29).
- 65.) Defendant Myers told plaintiff that per a new policy that plaintiff would not receive any further medical permits for waist chain no matter his disability, injury, pain, discomfort or ADA mandate.
- 66.) Defendant Myers, despite his specific knowledge of a substantial risk of serious pain and harm to plaintiff, willfully and deliberately failed to renew the needed permit and provide any reasonable medical care to plaintiff for his serious medical needs and known disability.
- 67.) At no time was there any security concern or problem regarding plaintiff's "Front Cuff", "No cuff behind back" or waist chain medical permits for all the years plaintiff had such.
- 68.) Defendant Myers personal and deliberate action in refusing and denying essential medical care and permit for plaintiff's serious medical needs and clear disability has subjected plaintiff to needless unnecessary wanton infliction of further pain and injury.

- 69.) On August 24, 2022 plaintiff received "Acetaminophen" 500mg prescribed by defendant Myers that was known to be totally ineffective. Defendant Myers deliberate act in denying all essential medical care to plaintiff has resulted in the denial of the minimal civilized measure of life's necessities and violates contemporary standards of decency that today's society chooses not to tolerate.
- 70.) Plaintiff suffers immediate and irreparable harm and injury due to defendants Wife, Myers, Jeffreys and Cunninghams deliberate indifference to his serious medical needs and disability, that is likely to reoccur.

### EXHAUSTION OF ADMINISTRATIVE REMEDIES

- 71.) Plaintiff has timely and properly exhausted all available grievance remedies alleging deliberate indifference to his serious medical needs, failure to provide ADA accommodation and retaliation in this matter via grievance #s 07-22-178, 08-22-008, 10-19-434, 10-19-318, 9-19-631, 10-19-210, 9-19-300, 9-19-479 and 07-22-178. Defendants have denied plaintiff all relief, deliberately failed to take any corrective action or address his complaints properly grieved.



COUNT I  
VIOLATION OF  
TITLE II OF THE AMERICANS WITH DISABILITY ACT  
OF 1990, 42 U.S.C. § 12101 et seq.

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- 72.) The allegations of paragraphs 1 through 71 are incorporated into this Count One as if set forth in full herein.
- 73.) Plaintiff is a qualified person with a disability.
- 74.) Defendant Jeffreys, Director of IDaC, State of Illinois entity, denies plaintiff programs, activities and services by not issuing him a medical permit for front cuff or waist chain.
- 75.) Defendant Jeffreys and his prison officials know of plaintiff's disability, but deliberately disregard such causing serious pain and denial of programs, activities and services to plaintiff.
- 76.) Defendant Jeffreys and his prison staff personally and deliberately failed and refused to make any reasonable accommodation for plaintiff's disability.
- 77.) The State of Illinois receives federal funding, for which this Act applies to plaintiff.

COUNT II  
VIOLATION OF  
REHABILITATION ACT OF 1973 § 504, AS AMENDED,  
29 U.S.C. § 794

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- 78.) The allegations of paragraphs 1 through 71 are incorporated into this Count Two as if set forth in full.
- 79.) Defendant Jeffreys and his prison staff have deliberately failed to make any reasonable accommodation for plaintiff's known physical disabilities which substantially limits his major life activities.
- 80.) Plaintiff has a documented record of his physical disability known to defendants.
- 81.) Defendant Jeffreys and his prison staff deliberately failed to ensure plaintiff's medical permit be renewed.
- 82.) The State of Illinois receives federal funding for which this Act applies to plaintiff.
- 83.) Plaintiff is a qualified person with a disability.

COUNT III  
42 U.S.C. § 1983  
DELIBERATE INDIFFERENCE TO SERIOUS  
MEDICAL NEEDS

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- 84.) The allegations of paragraphs 1 through 71 are incorporated into this Count Three as if set forth in full herein.
- 85.) Plaintiff has a constitutionally protected right to receive adequate medical care that does not cause cruel and unusual punishment, unnecessary and wanton infliction of pain and injury under the Eighth Amendment to the U.S. Constitution.
- 86.) Defendants Wise, Myers and Cunningham's deliberate indifference to plaintiff's serious medical needs and refusal to renew his needed medical permit serves no legitimate purpose, for which he suffered unnecessary pain.
- 87.) Defendants Wise and Myers prescribing ineffective medication caused further unnecessary and wanton infliction of pain and injury to plaintiff in violation of the Eighth Amendment to the U.S. Constitution.
- 88.) Defendants Wise, Myers, and Cunningham's deliberate act in denying and refusing to provide all reasonable medical treatment to plaintiff's known disability and serious medical needs resulted in the denial of the minimal civilized measure of life necessities causing further injury and unnecessary and wanton infliction of pain in violation to the Eighth Amendment to the U.S. Constitution.

COUNT IV  
42 U.S.C. § 1983  
RETALIATION

- 89.) The allegations of paragraphs 1 through 71 are incorporated into this Count Four as if set forth in full herein.
- 90.) Plaintiff has a First Amendment right to make Verbal, written and grievance complaints against the government and State prison employees without arbitrary acts of retaliation that threaten or cause harm him.
- 91.) Defendant Wise violated plaintiff's first amendment right under the U.S. Constitution by taking adverse action and deliberately retaliating against him for filing grievances (grievance # 07-22-178) on July 18, 2022, June 6, 2022, June 30, 2022, July 10, 2022, July 13, 2022, July 18, 2022 and July 22, 2022 by denying essential medical care and medical permit.
- 92.) Defendant Wise was motivated to retaliate against plaintiff because of this verbal and written complaints.
- 93.) Defendant Wise's retaliatory acts against plaintiff would chill and deter an ordinary prisoner from filing grievances, making complaints and protected conduct.



## CONCLUSION

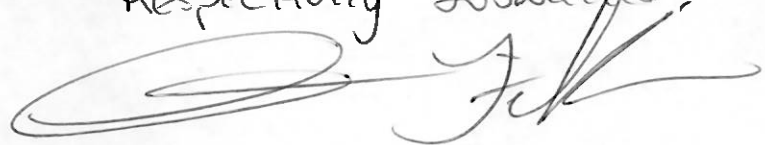
Therefore, plaintiff has plead sufficient facts to state a claim for each alleged count herein and is entitled to the following relief sought and requested.

## PRAYER FOR RELIEF

WHEREFORE, plaintiff demands a jury trial and prays for the court to enter the following relief and judgment:

- A.) Permanent injunction enjoining defendants from rear cutting plaintiff;
- B.) Award nominal damages against defendant Wise for First Amendment violations;
- C.) Award compensatory damages of \$40,000.- against defendant Jeffreys for ADA and RA violations;
- D.) Award compensatory damages of \$40,000.- jointly and severally against defendants Wise, Myers and Cunningham for Eighth Amendment violation and for deliberate indifference to plaintiff's serious medical needs;
- E.) Award punitive damages against defendant Jeffreys for \$40,000.- for violating the ADA and RA;
- F.) Award punitive damages against defendants Wise, Myers and Cunningham for \$40,000.- each individually for their reckless deliberate indifference to plaintiff's serious medical needs;
- G.) a TRO and preliminary injunction ordering defendants to issue and renew his medical permit for front cutting or waist chain;

H.) Any other relief available to plaintiff under law.

Respectfully Submitted,  


Aaron Fillmore  
# B63343  
Lawrence C.C.  
10930 Lawrence Rd.  
Sumner, IL 62466

Plaintiff - Pro Se

VERIFICATION

Pursuant to Title 28 U.S.C. § 1746 I, Aaron Fillmore, declare under the penalty of perjury that the foregoing is true and correct.



Date: 11-16-22

Illinois Department of Corrections  
**MEDICAL PERMIT**  
 Lawrence Correctional Center

Offender Name: Fillmore, Aaron Offender Number: B63343  
 Housing Unit: SEG

<input type="checkbox"/> New Order	<input type="checkbox"/> Renewal
<input type="checkbox"/> Change	<input type="checkbox"/> Cancel

<input type="checkbox"/> Low Bunk - Per Physician Orders the above named inmate is to have <input type="checkbox"/> Low Gallery - a low bunk/low gallery due to his medical conditions. See start Date below.	
<input type="checkbox"/> Medical	<input type="checkbox"/> ADA
<input type="checkbox"/> Cane	<input type="checkbox"/> State Boots
<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Special Shoes: _____
<input type="checkbox"/> Crutches	<input type="checkbox"/> Contacts
<input type="checkbox"/> Other:	
<input type="checkbox"/> Walker	<input type="checkbox"/> Fan
<input type="checkbox"/> Slow Walk	<input type="checkbox"/> C-PAP Machine
<input type="checkbox"/> Hearing Aid(s)	<input type="checkbox"/> No Gym/Yard
<input type="checkbox"/> Wheel Chair	<input type="checkbox"/> Medical Lay-In
<input type="checkbox"/> Other ADA:	<input type="checkbox"/> Other:

Start Date: 1-22-18 Expiration Date: \_\_\_\_\_ FRONT CUFF

Authorized By: \_\_\_\_\_

MD: \_\_\_\_\_ Date: 1-22-18

PA: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: Inmate

Medical Records

- ☐ Clothing
- ☐ Personal Property
- ☐ Placement

Printed on Recycled Paper

LAW 0356 (Rev 10/2009)

PLAINTIFFS  
 EXHIBIT  
A



Illinois Department of Corrections  
**MEDICAL PERMIT**  
 Lawrence Correctional Center

Offender Name: Fillmore, Aaron Offender Number: B63343  
 Housing Unit: Seg CU-08

<input type="checkbox"/> New Order	<input checked="" type="checkbox"/> Renewal
<input type="checkbox"/> Change	<input type="checkbox"/> Cancel

<input type="checkbox"/> Low Bunk - Per Physician Orders the above named inmate is to have	
<input type="checkbox"/> Low Gallery - a low bunk/low gallery due to his medical conditions.	
See start Date below.	
<input type="checkbox"/> Medical	<input type="checkbox"/> ADA
<input type="checkbox"/> Cane	<input type="checkbox"/> State Boots
<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Special Shoes: _____
<input type="checkbox"/> Crutches	<input type="checkbox"/> Contacts
<input type="checkbox"/> Other:	
<input type="checkbox"/> Walker	<input type="checkbox"/> Fan
<input type="checkbox"/> Slow Walk	<input type="checkbox"/> C-PAP Machine
<input type="checkbox"/> Hearing Aid(s)	<input type="checkbox"/> No Gym/Yard
<input type="checkbox"/> Wheel Chair	<input type="checkbox"/> Medical Lay-In
<input type="checkbox"/> Other ADA:	<input checked="" type="checkbox"/> Other: <u>No cuff behind back</u>

Start Date: 12/20/18 Expiration Date: 12/20/19

Authorized By:

MD: \_\_\_\_\_ Date: \_\_\_\_\_

PA: S. Hove NP-C Date: 12/20/18

Distribution: Inmate

Medical Records

- ☐ Clothing
- ☐ Personal Property
- ☐ Placement

Printed on Recycled Paper

LAW 0356 (Rev 10/2009)

PLAINTIFFS  
 EXHIBIT  
B



Filmore \_\_\_\_\_ Aaron \_\_\_\_\_ P. ID#: B63343  
Last Name First Name MI

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ILLINOIS DEPARTMENT OF CORRECTIONS  
**OFFENDER OUTPATIENT PROGRESS NOTES**  
 LAWRENCE CORRECTIONAL CENTER

## Offender Information:

Fillmore

Last Name

Aaron

First Name

P.

MI

ID#: B63343

Date/Time	Subjective, Objective, Assessment	Plans
11/6/19	NP note: Eval. waist chain need.	* Waist Chain x 12mo
8:30AM	Slo- chronic wrist/arm disability	(permit given)
	Seen on xrays. _____	Follow up as needed.
	A- Permit. _____	Advised: permit
		J. H. APC
		noted K. Smith

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ILLINOIS DEPARTMENT OF CORRECTIONS

**MEDICAL PERMIT**Pontiac Correctional Center

FILLMORE ARRON B63343

N 246

PRINT Offender's Name

ID Number

Living Unit / Cell Number

☐ **New Order**☐ **Renewal**☐ **Change**☐ **Cancel****Type of Permit****Date:**

1.29.20

**Expiration Date:**

7.29.20

**Duration:**

6m

☐ **Low Bunk**☐ **Cane**☐ **Low Gallery**☐ **C-Pap Machine**☐ **Slow Walk Pass**☐ **Ambulate – See permit**☐ **Special Housing –  
Single Cell**☐ **Hearing Aid**☐ **Medical Lay In – WITH Meals**☐ **Shoes/Inserts  
Size:**☐ **Medical Lay In – WITHOUT Meals**☐ **Elastic Sleeve/Brace**☐ **Wheelchair for Travel  
(HCU, Visits, Writs)**☐ **Ice – See permit**☐ **Wheelchair Bound**☐ **Shower – See permit**☐ **Handicapped – ADA - Reason**☐ **TED Hose**☐ **Medically Unassigned –  
No Yard**☒ **Security Belt (Alt. Cuff)  
(Approved)**

x 6 months

☐ **Medically Unassigned – Exercise  
encouraged****Miscellaneous:**☐ **Exercise – See permit****Miscellaneous:****MD Note:**LUE 3" shorts -  
than Right S/I O.R.I.F. 1982.**Authorized By:** Ardening, MD**Date:** 1.29.20**Input by:** @**Copy to Order:** \_\_\_\_\_**Distribution:**

Original-Medical Records

Supply Personnel (If equipment is needed)

Lt. of Cellhouse

Offender: **You are responsible  
altering of this form  
and immediate term**

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PLAINTIFFS  
EXHIBITC



ILLINOIS DEPARTMENT OF CORRECTIONS  
**MEDICAL PERMIT**  
Pontiac Correctional Center

• 443

TO

Fillmore Aaron R 63343 N 244  
 PRINT Offender's Name ID Number Living Unit / Cell Number

☒ New Order ☐ Renewal ☐ Change ☐ Cancel

Type of Permit	
Date: <u>8-18-20</u>	Expiration Date: <u>2-18-2021</u>
Duration: <u>6 m</u>	
<input type="checkbox"/> Low Bunk	<input type="checkbox"/> Cane
<input type="checkbox"/> Low Gallery	<input type="checkbox"/> C-Pap Machine
<input type="checkbox"/> Slow Walk Pass	<input type="checkbox"/> Ambulate – See permit
<input type="checkbox"/> Special Housing – Single Cell	<input type="checkbox"/> Hearing Aid
<input type="checkbox"/> Medical Lay In – WITH Meals	<input type="checkbox"/> Shoes/Inserts Size:
<input type="checkbox"/> Medical Lay In – WITHOUT Meals	<input type="checkbox"/> Elastic Sleeve/Brace
<input type="checkbox"/> Wheelchair for Travel (HCU, Visits, Writs)	<input type="checkbox"/> Ice – See permit
<input type="checkbox"/> Wheelchair Bound	<input type="checkbox"/> Shower – See permit
<input type="checkbox"/> Handicapped – ADA - Reason	<input type="checkbox"/> TED Hose
<input type="checkbox"/> Medically Unassigned – No Yard	<input type="checkbox"/> Security Belt (Alt. Cuff)
<input type="checkbox"/> Medically Unassigned – Exercise encouraged	<input checked="" type="checkbox"/> (Approved) <u>8-21-20</u> <u>6 months</u>
<input type="checkbox"/> Exercise – See permit	Miscellaneous:
MD Note: <u>L UE 3" Shorter than R LE</u> <u>S/p or if 1982</u>	Miscellaneous:

Authorized By: Andrew Tilden, MD

,MD

Date: 8-18-20Input by: 8-21-20

Copy to Order: \_\_\_\_\_

## Distribution:

Original-Medical Records

Supply Personnel (If

Lt. of Cellhouse

Offender: You are

altering

and immediate termination of permit

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Printed on Recycled Paper

PLAINTIFF'S  
 EXHIBIT  
D

7/2018)

anned  
 8-19-20



## ILLINOIS DEPARTMENT OF CORRECTIONS

**MEDICAL PERMIT**

Pontiac Correctional Center

TO Fillmore Aaron B 63343 N 443  
 PRINT Offender's Name ID Number Living Unit / Cell Number

☒ New Order ☐ Renewal ☐ Change ☐ Cancel

Type of Permit	
Date: <u>2-17-21</u>	Expiration Date: <u>2-17-22</u>
Duration: <u>1 yr</u>	
<input type="checkbox"/> Low Bunk	<input type="checkbox"/> Cane
<input type="checkbox"/> Low Gallery	<input type="checkbox"/> C-Pap Machine
<input type="checkbox"/> Slow Walk Pass	<input type="checkbox"/> Ambulate - See permit
<input type="checkbox"/> Special Housing - Single Cell	<input type="checkbox"/> Hearing Aid
<input type="checkbox"/> Medical Lay In - WITH Meals	<input type="checkbox"/> Shoes/Inserts Size:
<input type="checkbox"/> Medical Lay In - WITHOUT Meals	<input type="checkbox"/> Elastic Sleeve/Brace
<input type="checkbox"/> Wheelchair for Travel (HCU, Visits, Wrts)	<input type="checkbox"/> Ice - See permit
<input type="checkbox"/> Wheelchair Bound	<input type="checkbox"/> Shower - See permit
<input type="checkbox"/> Handicapped - ADA - Reason	<input type="checkbox"/> TED Hose
<input type="checkbox"/> Medically Unassigned - No Yard	<input checked="" type="checkbox"/> Security Belt (Art. Cuff) <input checked="" type="checkbox"/> (Approved) <u>x1 yr</u>
<input type="checkbox"/> Medically Unassigned - Exercise encouraged	Miscellaneous:
<input type="checkbox"/> Exercise - See permit	Miscellaneous:
MD Note: <u>arm deformity</u>	

Authorized By: Alison Burchard, MDDate: 2-17-21Input by: 215 KK Copy to Order: \_\_\_\_\_

## Distribution:

Original-Medical Records

Supply Personnel (if equipment is needed)

Lt. of Cellhouse

Offender: You are re  
altering or  
and imme

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PLAINTIFFS  
EXHIBIT  
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(12)

α

Illinois Department of Corrections  
**MEDICAL PERMIT**  
 Lawrence Correctional Center

Offender Name: Fillmore, Aaron Offender Number: BU3343  
 Housing Unit: 8A110

<input checked="" type="checkbox"/> New Order	<input type="checkbox"/> Renewal
<input type="checkbox"/> Change	<input type="checkbox"/> Cancel

<input type="checkbox"/> Low Bunk - Per Physician Orders the above named inmate is to have <input type="checkbox"/> Low Gallery - a low bunk/low gallery due to his medical conditions. See start Date below.	
<input type="checkbox"/> Medical <input type="checkbox"/> Cane <input type="checkbox"/> Orthopedic <input type="checkbox"/> Crutches <input type="checkbox"/> Other:	<input type="checkbox"/> ADA <input type="checkbox"/> State Boots <input type="checkbox"/> Special Shoes: <input type="checkbox"/> Contacts <input type="checkbox"/> Fan <input type="checkbox"/> C-PAP Machine <input type="checkbox"/> No Gym/Yard <input type="checkbox"/> Medical Lay-In <input checked="" type="checkbox"/> Other: <u>Waist chain</u>

Start Date: 2/15/22 Expiration Date: 8/15/22

Authorized By: \_\_\_\_\_

MD: Dr. Meyers Date: 3/1/22

PA: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution, Inmate

- Medical Records  
☐ Clothing  
☐ Personal Property  
☐ Placement

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LAW 0356 (Rev 10/2009)

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F

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## Radiology Report

**Facility:** Lawrence Correctional Center

**Exam Date:** 4/28/2022

**Patient Name:** Fillmore, Aaron

**INMATE ID NUMBER:** B63343

**Date of Birth:** 1/10/1975

**Ordering Provider:** Luking, NP

**Exam:** LEFT WRIST

**Reason for exam:** Pain with a prior fracture in 1982.

**Findings:** No acute fractures or dislocations are noted. The ulna is displaced superior and dorsally. An old ulnar styloid process fracture is also noted. Moderate degenerative changes are present. The surrounding soft tissues are normal.

**Impression:** Chronic and degenerative changes.

Report generated and electronically signed by Anthony M. Johnson, MD on 5/02/2022

Overread and electronically signed by Nicola Chiaradonna, MD on 5/03/2022 at 12:58 AM

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Noted  
5/14/22  
E



ILLINOIS DEPARTMENT OF CORRECTIONS  
**Laboratory and Radiology Summary**

Lawrence Correctional Center  
Facility

Date: 7/25/22

Offender/Patient Name: Fillmore Aaron

Offender ID Number: B62-43

Housing Unit: BBU23

The following checked results were found to be normal or stable by \_\_\_\_\_, MD.

Laboratory completed: \_\_\_\_\_

Radiology completed: \_\_\_\_\_

*Your medic was renewed on 6/10/22.*

*Chart review was performed & at this time, you  
do not qualify for waist Chain Permit. Will not renew permit.  
M. Wise FNPC*

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## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Request

Offender Name: Fillmore ID #: B63343 Living Unit: 8-BU-23  
 Job Assignment: \_\_\_\_\_ Shift: \_\_\_\_\_

Please refer to the directory located in your orientation manual and address proper personnel.

To: ADA Coordinator, L. Cunningham

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☒ other (specify) ADA accommodation  
 for the purpose of (explain): I have a physical disability (left arm 3" shorter than right, Chronic and degenerative changes, displaced ulna) I need my waist chain permit renewed to attend yard, shower, etc. I have had a permit for the past 4 years.

Offender's Signature

Date

DO NOT WRITE BELOW THIS LINE

cc: file

Remarks by staff (if necessary): August 12-22

Remarks by supervisor (if necessary):

Medical concern addressed by onsite provider

Print Staff Name

Staff Signature

8/12/22

Date

Print Supervisor Name

Supervisor Signature

Date

Distribution: Affected Unit

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DOC 0286 (Rev. 4/2010)

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I

Aaron Fillmore  
#B63343  
Lawrence C.C.  
10930 Lawrence R  
Sumner, IL 62466

July 31, 2022

Rob Jeffreys, IDOC Director &  
ADA Coordinator  
1301 Concordia St.  
P.O. Box 19277  
Springfield, IL 62794-9277

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RE: ADA Violations due to my disability

Dear: Director Jeffreys and ADA Coordinator,

I write you now with great concern and emotion regarding Lawrence C.C. N.P. Ms. Wise deliberately violating the ADA, 42 U.S.C. § 12101 et seq. and R.A. 29 U.S.C. § 794 in her improper and arbitrary refusal to renew my needed medical permit for waist chain despite my permanent physical injury and disability, for which I have had a medical permit for many, many years.

Rob Jeffreys,  
ADA Coordinator  
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In 1982 I suffered a compound fracture to my left wrist and my growth plate was removed. My left arm is 3" shorter than my right arm. In 2009 I suffered a right shoulder rotator cuff injury and was diagnosed with arthritis. I only have limited rotation in my right shoulder. (Medical Progress Notes enclosed)

I am in Administrative Detention (A.D.) status. I am chained and handcuffed every time I leave my cell. (ie. showers, yard, programs, etc.)

On January 22, 2018 I was issued a "Front Cuff" medical permit due to said permanent physical disability by the M.D. at Lawrence CC. My permits were renewed every year or six months since then. (Permits Enclosed w/ M.D. Notes)

All x-rays since 1978 show degenerative changes in my left wrist, causing me severe pain and numbing. (Radiology Reports enclosed. Most recent x-ray revealed "Chronic and degenerative changes" See 4/28/2022 Radiology Report enclosed. Page 31 of 34)



Rob Jeffreys.  
ADA Coordinator  
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Due to my disability I need to be handcuffed in front or by waist chain. It is too painful and causes me tormenting discomfort and further injury to be cuffed behind my back. I will be denied and unable to attend yard, shower, programs, porter job due to loss of medical permit.

On July 25, 2022 N.P. Wise at Lawrence CC sent me notice that she will not renew my medical permit. My current permit expires on August 15, 2022. (Enclosed are both)

Lawrence C.C. currently does not have a M.D.

I qualify under the A.D.A. for my wrist and shoulder permanent injury. See Kiman v. New Hampshire DOC, 451 F.3d 274 (2006); Dalton v. Subaru-Isuzu Auto, Inc. 141 F.3d 667 (1998); Pa. DOC v. Yerkey, 524 U.S. 206 (1998); Bane v. Virginia DOC, 267 F.Supp. 2d 514 (2003).

Please address this matter

cc:file

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Sincerely,

Illinois Department of Corrections Administrative Directive		Page 7 of 18
Number: 05.12.101	Title: Administrative Detention Placement	Effective: 10/1/2021

4. All individuals in custody assigned to Administrative Detention shall receive:
  - a. Orientation and written materials in which a staff member shall assist them in understanding the material when a literacy problem exists. Completion of orientation shall be documented by a statement signed and dated by the individual in custody.

**NOTE:** If necessary, translations for the DOC 0417 in a language they may understand, including American Sign Language where appropriate, shall be provided.

  - b. A DOC 0645 which shall be developed by Clinical Services staff. The Program Plan and timeframe for completion shall be documented on the DOC 0645.
5. Once placed in Administrative Detention, individuals in custody shall be seen by an MHP promptly after initial placement. The MHP shall document this review on the Mental Health Administrative Detention/Restrictive Housing Admission Report, DOC 0550, and complete the Evaluation of Suicide Potential, DOC 0379, or the Mental Health Progress Note, DOC 0282. In the event an MHP is unable to complete the DOC 0282 or DOC 0379 within 48 hours, a Facility Crisis Intervention Team Member shall contact the Crisis Team Leader to determine final disposition and complete the DOC 0282 or DOC 0379. Upon conclusion of the review, the MHP shall advise at least one of the following:
  - a. No referral or Crisis Care Status required.
  - b. Referral needed for medical service(s).
  - c. Referral for routine or urgent mental health service(s).
  - d. Psychiatric Referral.
  - e. Crisis Watch initiated.

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**L. Security Measures While in Administrative Detention**

1. Absent exigent circumstances, prior to the unlocking or opening of any living unit cell door, a security staff member of the rank of Lieutenant or above shall be present in the cellhouse, housing unit or section with a clear and unobstructed view of the individual in custody's cell and tactical officers.
2. Two (2) certified Tactical Officers shall be utilized to conduct all movement of individuals in custody.
  - a. Both certified Tactical Officers shall be present prior to initiating any actions involving the search, restraint application and movement processes.
  - b. Protective gear secured within the Administrative Detention Unit, including but not limited to helmets, vests, gloves, shields and batons, shall be made available for use by certified Tactical Officers at the direction of the Shift Supervisor.
3. All individuals in custody shall always have proper security restraints applied while outside of their assigned living unit cell. Proper security restraints shall consist of, at a minimum, wrist restraints applied behind the individual in custody's back with a security lead attached and leg restraints, unless medically contraindicated.
4. A thorough clothed search of the individual in custody, as defined in Administrative Directive 05.01.113, shall be conducted anytime an individual in custody leaves his or her cell, but remains

*Illinois Department of Corrections*

<b>ADMINISTRATIVE DIRECTIVE</b>	Effective <b>6/1/2017</b>	Page <b>5 of 10</b>	Number <b>05.12.101</b>
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of the hearing at least five working days prior to the hearing.

- c. The offender need not be present during the review; however, he or she shall be afforded the opportunity to provide written statements and documents relevant to his or her administrative detention placement in advance of the review.
- d. The review recommendation shall be documented on the DOC 0417, and forwarded to the CAO for his or her final determination.
- e. The decision shall be documented, in writing, and a copy provided to the offender within 30 days of the Committee review, as well as a copy to be maintained in the offender's master file.

**NOTE:** If the CAO finds continued placement in administrative detention for the offender appropriate after a term of disciplinary segregation, based on the Committee's recommendation, the offender shall be afforded privileges in accordance with Phase I, unless the Adjustment Committee recommends otherwise.

**J. Operations**

**1. Clothing**

- a. Offenders in Phase I shall be clothed in a tan jumpsuit, or other designated color jumpsuit.
- b. Offenders in Phase II and III shall be clothed in Statue blue uniforms.

**2. Movement**

- a. Prior to any movement, the offender shall store his or her property in accordance with Administrative Directive 05.10.110.
- b. During normal movement, before an offender's cell is opened:
  - (1) A security staff member, of the rank of Lieutenant or above, shall be present in the cellhouse, housing unit or section;
  - (2) The offender shall be strip searched;
  - (3) A second security staff member shall also be present;
  - (4) The offender shall be handcuffed behind the back in his or her cell, unless a medical condition or other reason exists to require front cuffing, as approved by the Major or above; and
  - (5) Upon exiting the cell, a lead chain shall be attached to the restraints and the offender shall be pat searched.

**NOTE:** The escorting officer shall always maintain control of the lead chain.